

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF GEORGIA
Augusta DIVISION

[Enter the full name of the plaintiff in this section]

Louis Willingham Sr.

CV115-025

Civil Action No. _____
[to be assigned by Clerk]

v.

[Enter the full name of each defendant in this action.
If possible, please list only one defendant per line.]

V.A. Hosp.

FILED
U.S. DISTRICT COURT
AUGUSTA DIV.
2015 FEB 17 PM 12:11
CLERK [Signature]
SO. DIST. OF GA.

If allowed by statute, do you wish to have a trial by jury? Yes ☒ No ☐

[If any answer requires additional space, please use additional paper and attach hereto]

I. PREVIOUS LAWSUITS

A. Have you begun other lawsuits in state or federal court dealing with the same Facts involved in this action?

Yes ☒ No ☐

B. If your answer to A is Yes, describe the lawsuit in the space below. [If more than one lawsuit, describe on another sheet using the same outline.]

1. Parties to this lawsuit:

Plaintiff: LOUIS WILLINGHAM & CO.

Defendant: VETERANS Affairs VAMC

2. I was told I had to send it to ^{Office of Regional Counsel} 1700 Clairmont Rd. Decatur GA. 30033
Court: (If federal court, name the district; if state court, name the county)

3. Docket Number: 404-929-5851

4. Name(s) of Judge(s) to whom case was assigned: that was not true
See Att.

5. Status of Case: it was tie down, see Att. Arrears
(For example, was the case dismissed? Settled? Appealed? Still Pending?)
I had been with the United States

6. Date lawsuit was filed: OCT. 29, 2013

7. Date of disposition (if concluded): _____

C. Do you have any other lawsuit(s) pending in the federal court?

Yes _____ No ✓

II. PARTIES

In Item A below, place your name and address in the space provided. [If additional plaintiffs, do the same on another sheet of paper.]

A. Name of Plaintiff: LOUIS WILLINGHAM & CO.

Address: 2907 WH Rd. Augusta, GA. 30909

In Item B below, place the full name of the defendant, and his/her/its address, in the space provided. Use Item C for additional defendants, if any.

B. Name of Defendant: V.A. Hospital MEDICAL CENTER

Address: 1 Freedom Way Augusta, GA. 30910

C. Additional Defendants (provide the same information for each defendant as listed in Item B above):

I WAS told they are not there anymore
and WAS told where to find them
they know, but will not tell me.

III. STATEMENT OF CLAIM

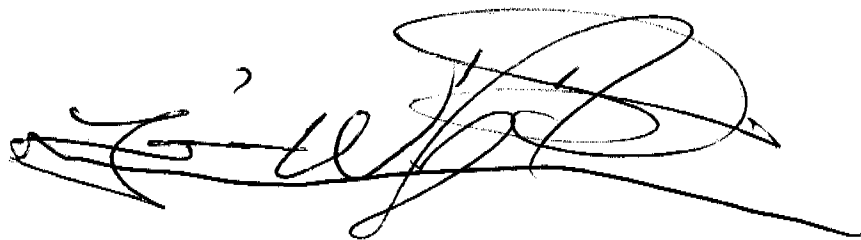
State here, as briefly as possible, the facts of your case. Describe how each defendant is involved. Include also the name(s) of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets of paper if necessary.

VA. DR. SAID 'BLISTER ON LITTLE TOE OF
RIGHT FOOT', REFUSED ^{TO GIVE} ANTI BIOTICS TO
ME, GAVE ME RED MUD CREAM, ~~BOOTH~~ SON
TOOK ME BACK TO VA DR. VARIOUS
OPINIONS. WENT BACK TO THE VA
DR. SAID LITTLE TOE NEEDS TO BE AMPUTATED.
I QUESTIONED IT, VA SAID ONLY AMPUTATE
LITTLE TOE OF RIGHT FOOT. I WOKE UP FROM
SURGERY AND THE VA HAD AMPUTATED RT.
FOOT FROM MID-CALF DOWN. I TOLD THE
VA DR. TO ~~REALLY~~ LEAVE ME ALONE BUT
THEY CUT LEG AGAIN TO JUST BELOW THE
RIGHT KNEE.

OVER →

FOOT NOTE.

A FEW WEEKS AFTER FACIAL SCAR,
PARAMEDICS TOOK ME TO MCG HOSPITAL,
NOW GRU HOSPITAL. I WAS IN
ACCOMA AND MY HEART STOPPED
BEATING ON THE WAY TO HOSPITAL.
THEY SHOCKED ME TWICE, I CAME
TO. THEN LATER THEY SHOCKED ME
3 TIMES THEY WERE NOT GOING
TO SHOCK ME AGAIN. NOW THEN
I WENT TO A BETTER CARE HOME.
I WANT A TRIAL, SEE ENCLOSED.

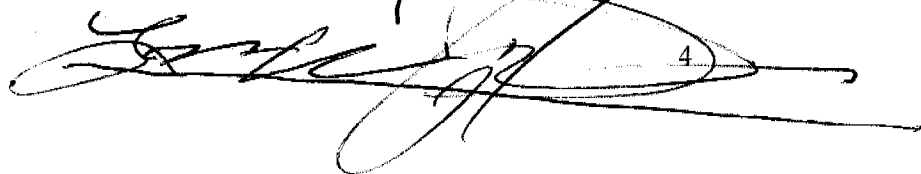
A handwritten signature in black ink, appearing to be "G. W. [unclear]", with a large, stylized flourish at the end.

III. STATEMENT OF CLAIM - continued.

DAUGHTER MADE OR AT VA DOWNTOWN
 AUGUSTA RELEASE MAM. CUT RT LEG
 TOTAL OF 3 TIMES (SEE ENCLOSED
 RECORDS). 3 DAYS LATER, STILL
 AT VA THEY GAVE ME MRSA WHICH
 NOW WAS A TOTAL OF 3 MRSA
 DOSES AT 3 DIFFERENT
 OCCASIONS. IN ENCLOSED RECORDS
 I AM ALLERGIC TO MRSA.

THEY GAVE ME MORPHINE
 38 TIMES, (SEE ENCLOSED RECORDS),
 THE VA CLAIMED THEY ONLY
 GAVE ME 2 MORPHINE DOSES.

RESULT PARANOIA, HALLUCINATIONS,
 DELUSIONS ~~IN~~ I WAS AT
 NURSING HOME. I HAVE
 RECORDS TO HAVE ALLERGIC
 PROBLEMS TO MORPHINE. PLACED IN
 ROUGH CARE HOME WITH LEG MISSING.
 CAUSING PAIN AND SUFFERING. VA
 DR. STILL WOULD NOT TREAT BLISTERS,
 UNTIL I PROTESTED, THEN NURS ^{TOOK} BLISTERS
 AS DICTATED TO BERT JOHNSON
 WELL, BERT BY LOUIS WILLAGHAM.



IV. RELIEF.

State briefly and exactly what you want this court to do for you.

I, LOUIS WELLS, WANT
A LUMP SUM SETTLEMENT FROM
THE VA FOR TREATMENT AT
THE DOWNTOWN AUGUSTA VA FOR:
PARANOID HALLUCINATIONS;
LOSS OF LIMB, ~~NOT~~ E. RIGHT LEG;
PAIN + SUFFERING;
TIME CONSUMED; TRANSPORTATION;
LEGAL FEES; MEDICAL BILLS;

I WAS PUT IN A COMA BY ALLERGIC
REACTION TO MRSA + MORPHINE; 2 1/2 INCH
FOREHEAD SCAR CAUSED BY FALL AS AMPUTEE W/

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 16TH day of FEBRUARY 2015

TRAUMATIC HALLUCINATIONS



Signature of Plaintiff

2907 WHEELER RD.

Address

AUGUSTA, GA

30909

706-726-9475

Phone Number